

Form Approved
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REVIEWER CONTACT INFORMATION

Preferred FedEx Mailing Location: ☐ Home ☐ Work ☐ Alternate

Preferred Daytime Contact Number: ☐ Home ☐ Work ☐ Alternate

First Name:

Last Name:

Home Street Address:

Home City:

Home State:

Zip Code:

Home Phone:

Home Email:

Home Fax:

Organization:

Title (If Applicable):

Work Street Address:

Work City:

Work State:

Zip Code:

Work Phone:

Work Email:

Work Fax:

Additional Contact Number (cell phone):

Preferred Contact Method:

Phone

Email

Preferred Contact Location:

Home

Work

Alternate

REVIEWER INFORMATION AND EXPERTISE

Ethnicity Hispanic/Latino
 Not Hispanic/Latino

Race (Select one or more)
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Gender Male
 Female

Education Level (Select one)
 High School
 Some College
 College
 Some Graduate School
 Master's Degree
 Ph.D.

Professional Affiliation (Select one)
 Community Based organization
 Consultant
 Faith Based organization
 Government
 Research
 Service Delivery
 University
 Other (Specify)

Other Consumer
 Family Member of Consumer

General Expertise -- Please select the one area that best describes your general expertise

 Substance Abuse Prevention
 Substance Abuse Treatment
 Mental Health

Expertise -- Please choose no more than 4 areas that best describe your specific expertise

State systems
Research/Evaluation
Criminal Justice
Faith based and community approaches
Program planning/management
HIV/AIDS
Adolescents
Alcohol
Fetal Alcohol Syndrome
Crack/Cocaine
Ecstasy
Heroin
Marijuana
Methadone Treatment
Methamphetamine
OxyContin
Co-occurring Substance Abuse and Mental Health
Children's Mental Health
Traumatic Stress
Seriously Mentally ill Adults
Violence
Counseling
Coalition Building/Collaboration
Families
Homelessness
Residency Training (Medical)
Suicide Prevention
Training/Technical Assistance
Veterans Substance Abuse/Mental Health Issues
Veterans Family Members
Consumer (have experienced treatment and recovery)
Consumer supporter (provide support in a nonprofessional capacity)
Consumer AND consumer supporter
Other (Specify)

Grant Reviewing Experience (Select one)

Experienced SAMHSA reviewer
Experienced Federal reviewer
Experienced Non-Federal reviewer
Limited/No review history

Please describe your experience in grant reviewing, listed from most recent to least recent. Please include dates, location, agency and topic.

Remember to also send your resume by:

Email to: reviewer@samhsa.hhs.gov OR

Regular mail to: SAMHSA REVIEWER OPPORTUNITIES
Office of Review
1 Choke Cherry Road
Room 3-1053
Rockville, Maryland 20857